

**State of Arkansas**  
Arkansas Department of Health  
4815 West Markham, Slot H58  
Little Rock, Arkansas 72205  
**501-280-4573**

**ADDENDUM #1 - Page 1 of 2**

TO: All Potential Providers  
FROM: Arkansas Department of Health  
DATE: October 18, 2010  
SUBJECT: **RFA-11-0002 Arkansas Rural Health Services Revolving Fund**

The following change(s) to the above-referenced Request for Application for Arkansas Department of Health has been made as designated below:

- ☐ Change of specification(s)
- ☐ Additional specification(s)
- ☐ Change of bid opening time and date
- ☐ Cancellation of bid
- ☒ Other

**Appendix 1 (for Letter of Intent Form) was not included in the original RFA.**  
**Page 2 contains Appendix 1.**

**The bid opening time and date shall remain the same.**

The specifications by virtue of this addendum become a permanent addition to the above-referenced Invitation for Bid. **FAILURE TO RETURN THIS SIGNED ADDENDUM MAY RESULT IN REJECTION OF YOUR BID.**

**BIDS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED. THE BID ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE BID NUMBER, DATE AND HOUR OF BID OPENING AND BIDDER'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO BIDS" TO THE ARKANSAS DEPARTMENT OF HEALTH.**

If you have questions, please contact the Issuing Officer at 501-280-4573.

\_\_\_\_\_  
VENDOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMPANY

**Letter of Intent for RFA-11-0002**

Please complete and return this form if you intend to apply for funding from the ADH- Arkansas Rural Health Services Revolving Fund, confirming your intent to obtain assistance for your plan using grant/cash match criteria. Document must be received by the issuing officer by 3:30pm on or before October 26, 2010.

**Please submit this form to: Tim Smith, CPPB,**  
Arkansas Department of Health  
Procurement Branch  
Attention: Tim Smith, CPPB  
4815 W. Markham St. Slot 58  
Little Rock, AR 72205 -3867  
Email address: [timothy.w.smith@arkansas.gov](mailto:timothy.w.smith@arkansas.gov)  
Fax Number: 501-280-4470

Intent to Apply for funding:

**Applicant (Name of Organization):**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Street Address**

**City**

**County**

**Contact  
Person**

**Title**

**E-mail Address**

**Phone #**

**Fax#**

\_\_\_\_\_

**Signature**

**Executive Director**